

WINCHESTER POLICE DEPARTMENT

WINCHESTER, VIRGINIA

SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

Please read carefully and understand fully the contents of this application before completion. The questions asked in this application are necessary for completion of required background investigation. By nature of the positions within the police department, your qualification for a security clearance is vital.

All information given will be used only for the purpose of determining suitability for the position. To avoid delay in the processing of your application, answer all questions thoroughly. You are directly responsible for updating the application for employment if and when any changes occur.

Instructions:

1. Fill in completely and answer all questions fully.
2. If more space is required for any of the questions, go to the Additional Information Page located at the end of the supplemental packet.
3. Each section of the application contains a material omissions and willful misstatements clause. Each section must be signed and dated by you under the clause.
4. If you have any questions or experience any problems filling out the application, please do not hesitate to contact the administration department for clarification.

Statements of Understanding:

You must initial each of the below statements prior to beginning.

_____ I understand that any omission or willful misstatement contained within the supplemental application will be considered sufficient cause to disqualify me from the application process.

_____ I understand that the information provided in this application will be verified through the use of the polygraph.

_____ I understand that conviction of any felony or serious misdemeanor can be a disqualifier.

_____ I understand that I must list my entire employment history.

_____ I understand that I must list all of my traffic tickets, charges and accidents since I began driving, regardless of whether or not they appear on my driving record.

SECTION I

PERSONAL INFORMATION

Full Name: _____
(First) (Middle) (Last)

Social Security Number: _____

Driver License Number: _____ State: _____

Phone Numbers: (Home) _____

(Cell) _____

(Work) _____

Current Address: _____

Date of Birth: _____ Height: _____ Weight: _____

Place of Birth: _____

Marital Status: _____ Date of Marriage: _____ Date of Divorce: _____

Family Information:

Father: _____ Home Phone: _____

Mother: _____ Home Phone: _____

Brother/Sister: _____ Home Phone: _____
(Circle Appropriate)

Brother/Sister: _____ Home Phone: _____
(Circle Appropriate)

If you have step-parents or more than two brothers or sisters, please list those individuals on the Additional Information Page located at the end of this packet and check box ☐

Spouse: _____ Date of Birth: _____

Occupation: _____ Employer: _____

Work Phone: _____

I certify that the above information is true and complete. I understand that any willful misstatements or omissions will be considered sufficient cause to disqualify me for employment with the Winchester Police Department.

(Signature)

(Date)

SECTION I (Continued)

Former Spouses:

Have you previously been married? *Yes No*

If yes, name of former spouse: _____ Phone: _____

Do you have more than one former spouse? *Yes No*

If you have more than one former spouse, please list the name(s) in the below space on this page.

Children:

How many children do you have? _____

Please list the names of your children below.

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Other residents:

Please list any other family members and/or roommates who reside in your residence.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

If you have any other residents, please list them in the below space on this page.

I certify that the above information is true and complete. I understand that any willful misstatements or omissions will be considered sufficient cause to disqualify me for employment with the Winchester Police Department.

(Signature)

(Date)

SECTION II

PREVIOUS RESIDENCES

List all residences you have had since leaving high school. This includes addresses and residences you had while in college and in the armed forces. List in chronological order beginning with your *present* address.

Dates: _____ to _____ Address: _____
(month/year) (month/year)

Dates: _____ to _____ Address: _____
(month/year) (month/year)

Dates: _____ to _____ Address: _____
(month/year) (month/year)

Dates: _____ to _____ Address: _____
(month/year) (month/year)

Dates: _____ to _____ Address: _____
(month/year) (month/year)

Dates: _____ to _____ Address: _____
(month/year) (month/year)

Dates: _____ to _____ Address: _____
(month/year) (month/year)

Dates: _____ to _____ Address: _____
(month/year) (month/year)

If you have any other residences, please list them on the Additional Information Page and check box ☐

NEIGHBORS

Please list the neighbors living immediately adjacent to your residence and those across the street. If you have recently moved (within one year), please list your two closest former neighbors.

*******Important***** A complete address should include house number, P.O. Box or route number, street name, city, state and zip code.**

Name: _____ Phone: _____

Address: _____ Time known: _____

Name: _____ Phone: _____

Address: _____ Time known: _____

Name: _____ Phone: _____

Address: _____ Time known: _____

Name: _____ Phone: _____

Address: _____ Time known: _____

I certify that the above information is true and complete. I understand that any willful misstatements or omissions will be considered sufficient cause to disqualify me for employment with the Winchester Police Department.

(Signature)

(Date)

MAP TO YOUR RESIDENCE

Name: _____ Address: _____

Directions:

Please give specific directions to your house from Winchester. Include the major, as well as the minor roads in your description. If possible, please include approximate travel mileage for each of the roads.

SECTION III

FINANCIAL INFORMATION

Bank Accounts:

Please list all of your checking accounts, including joint accounts:

Bank: _____ Account Number: _____
Average Daily Balance: _____

Bank: _____ Account Number: _____
Average Daily Balance: _____

Bank: _____ Account Number: _____
Average Daily Balance: _____

Please list all of you savings accounts, including joint and money market accounts:

Bank: _____ Account Number: _____
Average Daily Balance: _____

Bank: _____ Account Number: _____
Average Daily Balance: _____

Bank: _____ Account Number: _____
Average Daily Balance: _____

If you have more than two checking or savings accounts, please list the accounts on the Additional Information Page located at the end of this packet and check box ☐

Do you own any stocks, bonds, shares or certificates? *Yes No*

If yes, please list below: _____

Homes and Automobiles:

Please describe your home and acreage: _____

What is the value of your home? _____ What is the current balance due? _____

What is your monthly payment? _____ Do you rent or own the home? _____

Do you own any other homes or property? *Yes No If yes, please list on Additional Information Page.*

I certify that the above information is true and complete. I understand that any willful misstatements or omissions will be considered sufficient cause to disqualify me for employment with the Winchester Police Department.

(Signature)

(Date)

SECTION III (Continued)

Please list all your automobiles below:

Year: _____ Make: _____ Model: _____ Color: _____

Tag Number: _____ State: _____ Insurance Company: _____

Cost: _____ Current Value: _____ Monthly payment: _____ Amount owed: _____

Year: _____ Make: _____ Model: _____ Color: _____

Tag Number: _____ State: _____ Insurance Company: _____

Cost: _____ Current Value: _____ Monthly payment: _____ Amount owed: _____

If you have more than three cars, list the others on the Additional Information page and check box ☐

Loans and Obligations:

Please list all of your outstanding credit cards and charge accounts:

Credit card: _____ Balance: _____ Monthly payment: _____

Credit card: _____ Balance: _____ Monthly payment: _____

Credit card: _____ Balance: _____ Monthly payment: _____

Credit card: _____ Balance: _____ Monthly payment: _____

Credit card: _____ Balance: _____ Monthly payment: _____

Credit card: _____ Balance: _____ Monthly payment: _____

Credit card: _____ Balance: _____ Monthly payment: _____

Please list all of your outstanding loans and obligations:

Company/Bank: _____ Item financed: _____

Cost or Loan Amount: _____ Balance: _____ Monthly payment: _____

Company/Bank: _____ Item financed: _____

Cost or Loan Amount: _____ Balance: _____ Monthly payment: _____

Company/Bank: _____ Item financed: _____

Cost or Loan Amount: _____ Balance: _____ Monthly payment: _____

Credit History:

Have you ever been garnished, claimed bankruptcy or had a judgement placed against you? _____

Explain in detail: _____

If you need more space for any of the above, go to Additional Information page and check box ☐

I certify that the above information is true and complete. I understand that any willful misstatements or omissions will be considered sufficient cause to disqualify me for employment with the Winchester Police Department.

(Signature)

(Date)

SECTION IV

ARMED FORCES INFORMATION

Service Information

Have you ever been rejected for military service? *Yes No* Reason: _____

Have you ever been on active duty? *Yes No* Branch: _____

Are you currently on active duty with the Armed Forces? *Yes No*

If you are currently on active duty, what is your ETS date? _____
month/day/year

Dates of active service: _____ to _____
month/year month/year

Are you now or have you ever been a member of a reserve component? *Yes No*

Branch: _____

Name of your reserve unit: _____ Location: _____

Dates of reserve service: _____ to _____
month/year month/year

Primary duties and Rank

MOS, Branch, NEC, Specialty: _____

Highest rank attained: _____

Disciplinary Actions

Have you ever had a Court Martial, Article 15, Office Hours, Captains Mast,
Page 11 Entry or UIF? *Yes No*

If yes, explain: _____

Discharge Information

Date of discharge: _____

Type of discharge: _____

Reason for discharge: _____

Were you released from your service contract early, for any reason? *Yes No*

I certify that the above information is true and complete. I understand that any willful misstatements or omissions will be considered sufficient cause to disqualify me for employment with the Winchester Police Department.

(Signature)

(Date)

SECTION V

EDUCATION

Primary and Secondary

Provide the name and location of the elementary, junior or middle school, and high school you attended. Include the dates attended.

Name of school: _____ Location: _____ Dates: _____

Name of school: _____ Location: _____ Dates: _____

Name of school: _____ Location: _____ Dates: _____

Name of school: _____ Location: _____ Dates: _____

Name of school: _____ Location: _____ Dates: _____

What is the highest grade you completed? _____

If you didn't graduate from high school, do you have a G.E.D.? *Yes No*

Date received: _____ Where received: _____

College

Do you have a Bachelors Degree? *Yes No*

Do you have an Associates Degree? *Yes No*

Do you have any other type of degree? *Yes No* Degree: _____

Provide the name and locations of the colleges you have attended.

College: _____ Location: _____ Dates: _____

Degree received: _____ Major/Minor: _____ Credit hours: _____

College: _____ Location: _____ Dates: _____

Degree received: _____ Major/Minor: _____ Credit hours: _____

Law Enforcement

Are you a Virginia Certified Police Officer? *Yes No* Academy attended: _____

Have you completed a police academy in any other state? *Yes No* State: _____

If you have any other training or education that you would like to list, please go to the Additional Information page and check the box ☐

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(Signature)

(Date)

SECTION VI

POLICE RECORD

Have you ever been investigated, arrested and/or detained for any reason? *Yes No*

Date: _____ Charge: _____ Jurisdiction: _____
month/year

Date: _____ Charge: _____ Jurisdiction: _____
month/year

Date: _____ Charge: _____ Jurisdiction: _____
month/year

If you have more than three to list, please go to the Additional Information Page and check box ☐

Have you ever been served with a summons (other than a traffic summons) or a warrant? *Yes No*

Date: _____ Charge: _____ Jurisdiction: _____
month/year

Date: _____ Charge: _____ Jurisdiction: _____
month/year

If you have more than two to list, please go to the Additional Information Page and check box ☐

Have criminal charges against you ever been dismissed or Nolle Prosequi? *Yes No*

If yes, explain: _____

Have you ever been convicted of a felony? *Yes No*

Have you ever been convicted of a misdemeanor? *Yes No*

Have you ever resigned or been fired from a job after your employer accused you of stealing? *Yes No*

If yes, explain: _____

Employer: _____

Has there ever been a protective order issued against you? *Yes No*

If yes, explain: _____

Have you or your spouse ever been arrested or charged with Domestic Assault? *Yes No*

Date: _____ Who was charged: _____ Jurisdiction: _____
month/year

Please describe anything else that may be discovered during the background investigation that you feel you should explain: _____

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(Signature)

(Date)

SECTION VII

DRIVING HISTORY

Have you ever been stopped and tested for Driving Under the Influence? *Yes No*

If yes, explain: _____

Have you ever been charged with DUI/DWI? *Yes No*

Has a DUI/DWI been reduced to a lesser charge (i.e. Reckless Driving)? *Yes No*

List all traffic charges/violations: (Include all charges in all states)

Date: _____ Violation: _____ Jurisdiction: _____

Convicted? *Yes No* Reduced to: _____

Date: _____ Violation: _____ Jurisdiction: _____

Convicted? *Yes No* Reduced to: _____

Date: _____ Violation: _____ Jurisdiction: _____

Convicted? *Yes No* Reduced to: _____

Date: _____ Violation: _____ Jurisdiction: _____

Convicted? *Yes No* Reduced to: _____

Date: _____ Violation: _____ Jurisdiction: _____

Convicted? *Yes No* Reduced to: _____

Date: _____ Violation: _____ Jurisdiction: _____

Convicted? *Yes No* Reduced to: _____

Date: _____ Violation: _____ Jurisdiction: _____

Convicted? *Yes No* Reduced to: _____

If you have additional traffic violations, please list them on the Additional Information page and check box ☐

List all traffic accidents: (Include all accidents regardless of charges or fault)

Date: _____ Describe accident: _____

Charged? *Yes No* If yes, with what? _____ Disposition: _____

Date: _____ Describe accident: _____

Charged? *Yes No* If yes, with what? _____ Disposition: _____

Date: _____ Describe accident: _____

Charged? *Yes No* If yes, with what? _____ Disposition: _____

If you have additional accidents, please list on the Additional Information Page and check box ☐

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(Signature)

(Date)

SECTION VIII

MISCELLANEOUS INFORMATION

Drug Use

Have you ever used any form of narcotic, illegal drug or substance, to include marijuana (this includes experimental use)? *Yes No*

Have you ever used Ecstasy (GHB), to include experimental use? *Yes No*

Have you ever “Huffed” or used Mushrooms, to include experimental use? *Yes No*

If you answered “yes” to any of the above questions, list the following:

Drug used: _____ # times used: _____ Date of last use: _____

Drug used: _____ # times used: _____ Date of last use: _____

Drug used: _____ # times used: _____ Date of last use: _____

If you have used more than three drugs, please list on the Additional Information Page and check the box ☐

When was the last time you used an illegal drug or substance? _____ Drug: _____
month/year

Do you drink alcoholic beverages? *Yes No* If yes, describe the types of beverages, how often used and to what degree: _____

Do you use tobacco in any form or method? *Yes No* Method: _____

If hired by the Winchester Police Department, would you be willing to quit your tobacco use? *Yes No*

**Note: The Winchester Police Department has a no tobacco use policy that all officers must adhere to.*

Winchester Police Department

Have you ever applied for employment with this department in the past? *Yes No*

Testing date: _____ Disposition of application: _____

Testing date: _____ Disposition of application: _____

Are you acquainted with any members of the Winchester Police Department? *Yes No*

Name: _____ Relationship: _____ Years known: _____

Name: _____ Relationship: _____ Years known: _____

Name: _____ Relationship: _____ Years known: _____

If you are successful in gaining employment with this department, do you expect to engage in any secondary employment? *Yes No*

If yes, explain: _____

I certify that the above information is true and complete. I understand that any willful misstatements or omissions will be considered sufficient cause to disqualify me for employment with the Winchester Police Department.

(Signature)

(Date)

SECTION VIII (Continued)

Applications with other agencies

Have you ever applied for employment with any other police agency? *Yes* *No*

List every agency you have ever applied with, regardless of status or date.

Agency:_____ Date:_____ Disposition:_____

Agency:_____ Date:_____ Disposition:_____

Agency:_____ Date:_____ Disposition:_____

Agency:_____ Date:_____ Disposition:_____

Agency:_____ Date:_____ Disposition:_____

Agency:_____ Date:_____ Disposition:_____

Do you have any other police applications that are currently active? *Yes* *No*

If yes and they are not listed above, please provide the following:

Agency:_____ Date:_____ Current status/phase:_____

Agency:_____ Date:_____ Current status/phase:_____

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(Signature)

(Date)

SECTION IX

REFERENCE INFORMATION

List five (5) people you have known for five years or more. Do not list anyone you have previously named on this application. Do not use anyone you will list as a supervisor in the employment section of this application. The references must not be related to you by blood or marriage (i.e. brother-in-law, cousin, etc.). ***Important***** A complete address should include house number, P.O. Box or route number, street name, city, state and zip code.**

Name:_____ Home phone:_____ Work Phone:_____

Address:_____ Occupation:_____ Yrs. Known:_____

Name:_____ Home phone:_____ Work Phone:_____

Address:_____ Occupation:_____ Yrs. Known:_____

Name:_____ Home phone:_____ Work Phone:_____

Address:_____ Occupation:_____ Yrs. Known:_____

Name:_____ Home phone:_____ Work Phone:_____

Address:_____ Occupation:_____ Yrs. Known:_____

Name:_____ Home phone:_____ Work Phone:_____

Address:_____ Occupation:_____ Yrs. Known:_____

There are times that the background investigator has trouble contacting a reference. To speed the process up, please list two additional references if possible.

Name:_____ Home phone:_____ Work Phone:_____

Address:_____ Occupation:_____ Yrs. Known:_____

Name:_____ Home phone:_____ Work Phone:_____

Address:_____ Occupation:_____ Yrs. Known:_____

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(Signature)

(Date)

SECTION X

EMPLOYMENT HISTORY

The following pages are intended to give a complete record of your employment history including part-time work, military service and volunteer service. List all experience in order, starting with your present or most recent position. Describe duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment. You may use a blank sheet of paper to explain any problems or difficulty with a particular place of employment. If you need more space than is provided, you may photocopy the next page prior to beginning and attach it at the end of the packet.

May we contact your present employer? *Yes* *No* If not, why? _____

May we contact your former employers? *Yes* *No* If not, why? _____

Begin with your current job:

Dates: _____ to _____ Employer: _____ Part-time () Full time ()
Mo/yr Mo/yr

Address where you worked: _____ Phone #: _____

Job title: _____ Description of duties: _____

Name of your immediate supervisor: _____ Phone number: _____

Reason for leaving (be specific): _____ Ending salary: _____

Remarks: _____

Dates: _____ to _____ Employer: _____ Part-time () Full time ()
Mo/yr Mo/yr

Address where you worked: _____ Phone #: _____

Job title: _____ Description of duties: _____

Name of your immediate supervisor: _____ Phone number: _____

Reason for leaving (be specific): _____ Ending salary: _____

Remarks: _____

Dates: _____ to _____ Employer: _____ Part-time () Full time ()
Mo/yr Mo/yr

Address where you worked: _____ Phone #: _____

Job title: _____ Description of duties: _____

Name of your immediate supervisor: _____ Phone number: _____

Reason for leaving (be specific): _____ Ending salary: _____

Remarks: _____

Dates: _____ to _____ Employer: _____ Part-time () Full time ()
Mo/yr Mo/yr

Address where you worked: _____ Phone #: _____

Job title: _____ Description of duties: _____

Name of your immediate supervisor: _____ Phone number: _____

Reason for leaving (be specific): _____ Ending salary: _____

Remarks: _____

Dates: _____ to _____ Employer: _____ Part-time () Full time ()
Mo/yr Mo/yr

Address where you worked: _____ Phone #: _____

Job title: _____ Description of duties: _____

Name of your immediate supervisor: _____ Phone number: _____

Reason for leaving (be specific): _____ Ending salary: _____

Remarks: _____

Dates: _____ to _____ Employer: _____ Part-time () Full time ()
Mo/yr Mo/yr
Address where you worked: _____ Phone #: _____
Job title: _____ Description of duties: _____

Name of your immediate supervisor: _____ Phone number: _____
Reason for leaving (be specific): _____ Ending salary: _____
Remarks: _____

Dates: _____ to _____ Employer: _____ Part-time () Full time ()
Mo/yr Mo/yr
Address where you worked: _____ Phone #: _____
Job title: _____ Description of duties: _____

Name of your immediate supervisor: _____ Phone number: _____
Reason for leaving (be specific): _____ Ending salary: _____
Remarks: _____

Dates: _____ to _____ Employer: _____ Part-time () Full time ()
Mo/yr Mo/yr
Address where you worked: _____ Phone #: _____
Job title: _____ Description of duties: _____

Name of your immediate supervisor: _____ Phone number: _____
Reason for leaving (be specific): _____ Ending salary: _____
Remarks: _____

I certify that the above information is true and complete. I understand that any willful misstatements or omissions will be considered sufficient cause to disqualify me for employment with the Winchester Police Department.

(Signature)

(Date)

ADDITIONAL INFORMATION PAGE

Please use this page to list any additional information that you were unable to provide in the previous sections. Be sure to identify from which section and subsection the information is from. Make sure you provide ***all*** the information required from the section and subsection.

I certify that the above information is true and complete. I understand that any willful misstatements or omissions will be considered sufficient cause to disqualify me for employment with the Winchester Police Department.

(Signature)

(Date)